

UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE

ORIGINAL

Kermit West
Plaintiff

state of Del
Dept of Corrections
Defendant(s)

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

05 - 438

CASE NUMBER:

I, Kermit West declare that I am the (check appropriate box)

Petitioner ☒ Plaintiff/Movant

Other

FILED

JUN 27 2005

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes No (If "No" go to Question 2)

If "Yes" state the place of your incarceration D.C.C. Smyrna Del.

Are you employed at the institution? NO Do you receive any payment from the institution? NO
Have the institution fill out the certificate portion of this affidavit and attach a ledger sheet from the institution(s) of your incarceration showing at least the past SIX months' transactions. The ledger sheet is not required for cases filed pursuant to 28: USC §2254.

2. Are you currently employed? Yes ☒ No
a. If the answer is "Yes" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.
b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

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3. In the past twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	Yes	<input checked="" type="checkbox"/> No
b. Rent payments, interest or dividends	Yes	<input checked="" type="checkbox"/> No
c. Pensions, annuities or life insurance payments	Yes	<input checked="" type="checkbox"/> No
d. Disability or workers compensation payments	Yes	<input checked="" type="checkbox"/> No
e. Gifts or inheritances	Yes	<input checked="" type="checkbox"/> No
f. Any other sources	Yes	<input checked="" type="checkbox"/> No

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

4. Do you have a cash or checking or savings accounts?

Yes

No

If "Yes" state the total amount \$ _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

Yes

No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state NONE if applicable.

I declare under penalty of perjury that the above information is true and correct.

DATE

Kermit West

SIGNATURE OF APPLICANT

**SEE ATTACHED
SIX MONTH STATEMENT**

IM Kermi west
SBI# 043 066 UNIT D.E. F. 14
DELAWARE CORRECTIONAL CENTER
1181 PADDOCK ROAD
SMYRNA, DELAWARE 19977



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